



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 2-11-08 To 4-30-08

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future
Macomb

4. Committee's Mailing Address

18905 England Dr
Macomb, MI 48042

Area Code and Phone (586) 203-8633

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Nathan Hlavin
18905 England Dr.
Macomb, MI 48042

Area Code and Phone (586) 203-8633

6. Treasurer's Business Address

Cibee, Inc.
4000 ~~Towncenter~~ Towncenter
Ste 1400 Southfield, MI

Area Code and Phone (248) 943-5247

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☐ ANNUAL STATEMENT
(Coverage Year)

8e. ☒ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☒ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

NATHAN HLAVIN

Designated Record Keeper

Type or Print Name

Signature

Date

6/2/08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138023
2. Committee Name PROTEST OUR FUTURE MACOMB

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>1467.05</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1467.05</u>	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>1467.05</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-1K, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>—</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>53.60</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>53.60</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>53.60</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>304.55</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>304.55</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>1467.05</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1467.05</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1467.05</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-4-08

Name & Address:

Desaele, Philis
42430 Utica Rd.
Steeling Hgts, MI 48314

\$ 20⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-4-08

Name & Address:

Rengeet, Keith
34080 Aemada Rd.
Richmond, MI 48062

\$ 100⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-7-08

Name & Address:

Rengeet, Keith
34080 Aemada Rd.
Richmond, MI 48062

\$ 100⁰⁰ \$ 200⁰⁰

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

County Commissioner Employer County of Macomb

Business Address One South main St. Mt Clemens, MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Desaele, Philis
42430 Utica Rd.
Steeling Hgts, MI 48314

\$ 25⁰⁰ \$ 45⁰⁰

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

245⁰⁰

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

\$ 25⁰⁰ \$ _____

Sessa, Michael P.
39524 Chart St.
Heceison Twp, MI 48045

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

\$ 25⁰⁰ \$ _____

Kieger, Ralph
14156 Glenwood Dr.
Shelby Twp, MI 48315

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

\$ 25⁰⁰ \$ _____

Newels, Nancy
49699 Lehn. Dr.
Macomb, MI 48044

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

\$ 50 \$ _____

Vosbueg, Duane W.
47395 Sugaebush
Chestfield MI 48047

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

125⁰⁰

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Wozniak, Douglas C.
53831 Whitby Way
Shelby Twp, MI 48316

\$ 25⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

LaRoche, C.J.
37461 Clubhouse Dr
Steering Hgts, MI 48312

\$ 25⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Maynard, Javed
45188 Utica Green East
Shelby Twp, MI 48317

\$ 25⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Szczepowski, Ed
4057 Bradford
Shelby Twp, MI 48317

\$ 320⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation County Commissioner Employer Macomb County

Business Address One South main st mt. clemens, MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

395⁰⁰

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Maconb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Hlain, Jeff
13543 Windeidge Ct.
Steeling Hgts, MI 48813

\$ 100⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Tollis, Daniel
43370 Devin
Clinton Twp, MI 48038

\$ 30⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-15-08

Name & Address:

Committee to Elect Keith Sadowski
4759 Hayman
Waupun, WI 48092

\$ 25⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

Vitale, Peocopia
38042 N. Bonkay DR
Clinton Twp, MI 48036

\$ 100⁰⁰ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-4-08

Name & Address:

\$ 20.00 \$

Vosbueg, Kathy D.
47395 Sugarbush Rd
Chesterfield, MI 48047

Click Here for Memo Itemization Type

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-8-08

Name & Address:

\$ 50.00 \$

Babin, Ronald
3511 Dublin Dr
Sterling Hgts, MI 48310

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-8-08

Name & Address:

\$ 50.00 \$

Kummer, Fred
37328 Dundee Dr
Sterling Hgts, MI 48310

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-15-08

Name & Address:

\$ 100.00 \$ 420.00

Szczepowski, Ed
4057 Bradford
Shelby Twp, MI 48317

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation County Commissioner Employer Macomb County

Business Address One South Main St Mt. Clemens, MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

220.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-27-08

Name & Address:

Bergeet, Keith
34080 Aemada Rd
Richmond, MI 48062

\$ 100.00

\$ 300.00

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization Type

Occupation County Commissioner Employer Macomb County

Business Address One South main St. Mt. Clemens, MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☒ YES

4. Date of Receipt 3-27-08

Name & Address:

Tax Fighter - Mike Sessa
27765 Moran
Hesperia Twp, MI 48042

\$ 67.05

\$

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Name & Address:

\$

\$

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Name & Address:

\$

\$

Click Here for Memo Itemization Type

5. If over \$100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

100.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

1390.00

1467.05

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Macomb

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>MTB GRAPHICS</u> <u>67353 S. MAIN ST</u> <u>RICHMOND MI 48062</u>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>MACOMB COUNTY CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>2/25/08</u> Date	<u>\$ 53.60</u> 	
4. Purpose: <u>INFORMATION CARDS</u> <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #2 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____ 	
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____ 	
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization Type			
Expenditure #4 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	_____ Date	\$ _____ 	
4. Purpose: _____ <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization Type			

Subtotal this page

53.60

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

53.60

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number

138023

2. Committee Name

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TOWNSHIP 48042 Name of Candidate _____ Office Sought & District # or Jurisdiction MACOMB County CHARTER Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input checked="" type="checkbox"/> Goods or Services Purchased - LOAN Description <u>VOLE BATA</u> 5. DATE OF EXPENDITURE: <u>2/26/08</u> 6. VENDOR NAME & ADDRESS: MACOMB COUNTY CLERK 40 NORTH MAIN ST MT CLEMENS, MI 48043	\$ <u>0</u>	\$ <u>4.55</u>	
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TOWNSHIP 48042 Name of Candidate _____ Office Sought & District # or Jurisdiction MACOMB County CHARTER Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input checked="" type="checkbox"/> Goods or Services Purchased - LOAN Description <u>PUNORAISER</u> 5. DATE OF EXPENDITURE: <u>3/15/08</u> 6. VENDOR NAME & ADDRESS: HAYLIN PUB 48929 NAYES RD SKELBY TWP. MI 48315	\$ <u>0</u>	\$ <u>300</u>	
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: Name of Candidate _____ Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____	
Click Here for Memo Itemization Type				

Page Subtotal

0

304.55

Grand Total of all Schedules 2B-2
(Complete on last page of Schedule)

0

304.55

Enter this total
on line 8c of the
Summary Page

Enter this total on
line 11 of the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 2E

POLITICAL OR INDEPENDENT COMMITTEE

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Macomb

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: NATHAN HLAUEN 18905 ENGLAND DR MACOMB TWP 48042 Corp? <input type="checkbox"/> Yes	4. Type: REIMBURSEMENT VOTER DATA 5. Date Debt Was Incurred: 2/26/08 6. Original Amount of Debt \$ 4.55	\$ \$ \$ \$ \$	\$ 0	\$ 4.55 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #2 Owed to or by: NATHAN HLAUEN 18905 ENGLAND DR MACOMB TWP 48042 Corp? <input type="checkbox"/> Yes	4. Type: REIMBURSEMENT FUNDRAISING 5. Date Debt Was Incurred: 3/15/08 6. Original Amount of Debt \$ 300	\$ \$ \$ \$ \$	\$ 0	\$ 300 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

304.55

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

304.55

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Macomb

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

3/15/08

4. Number of Individuals Attending
or Participating (whichever is
greater)

12

5. Type of Fund Raising Activity

Dinner

6. Address and Name (If any) of the
place where the activity was held

HAMLIN PUB
48929 HAYES RD
SHELBY TWP, MI 48315

☐ Private Residence

7. Total Contributions

700

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

700

10. Total Cost of Event

300

*Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-1K), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.